

## REQUEST FOR CONSULTATION 0-5 years old

### ALL FIELDS MUST BE COMPLETED

Date: ____/____/____					
<b>CHILD'S CONTACT INFORMATION</b>					
LAST name :		FIRST name :		DOB : ____/____/____	
Mother's last name :		Mother's first name : <input type="checkbox"/> Unknown		HIN Exp :	
Father's last name :		Father's first name : <input type="checkbox"/> Unknown		Speaking Language <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (Specify) :	
Gender <input type="checkbox"/> F <input type="checkbox"/> M					
Postal address :					
City :		Zip :			
Tel : ____-____-____		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (Specify) :			
<b>REFERRING PHYSICIAN</b>					
<input type="checkbox"/> Family physician		<input type="checkbox"/> Pediatrician		<input type="checkbox"/> Other:	
NAME:		Contact info :			
Lic :					
Sig :					
Are you the treating physician?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the attending physician informed?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TREATING PHYSICIAN (if different)</b>					
<input type="checkbox"/> Family physician		<input type="checkbox"/> Pediatrician		<input type="checkbox"/> Other:	
NAME:		Contact info :			
Lic :					
Sig :					
Fax number :					
<b>At the end of the consultation, the patient will be returned to the care of the attending physician.</b>					
<b>REASON(S) FOR CONSULTATION</b>					
<b>You can send a clinical note or a file summary by fax to (514) 345-2148 or by email: <a href="mailto:cirene.hsj@ssss.gouv.qc.ca">cirene.hsj@ssss.gouv.qc.ca</a></b>					

## REQUEST FOR CONSULTATION 0-5 years old

DEVELOPMENTAL HIGHLIGHTS and FUNCTIONING			
	Typical	Delay(s) / Characteristics(s), please specify	
<b>GROSS MOTOR</b>			Ability to walk? <input type="checkbox"/> NO <input type="checkbox"/> YES, Age:
<b>FINE MOTOR</b>			
<b>COMMUNICATION</b>		<input type="checkbox"/> Lack of language	<input type="checkbox"/> Expressive delay <input type="checkbox"/> Receptive delay
		<input type="checkbox"/> Relational deficit	<input type="checkbox"/> Poor socialization
		<input type="checkbox"/> Regression	<input type="checkbox"/> Stuttering
		<input type="checkbox"/> Other:	
<b>BEHAVIOUR</b>		<input type="checkbox"/> Agitation <input type="checkbox"/> Opposition <input type="checkbox"/> Aggression	
		<input type="checkbox"/> Atypia <input type="checkbox"/> Crises <input type="checkbox"/> Other	
<b>SLEEP</b>		<input type="checkbox"/> No specifics	<input type="checkbox"/> Pb, specify:
<b>NUTRITION</b>		<input type="checkbox"/> No specifics	<input type="checkbox"/> Pb, specify:
PERSONAL HISTORY OR RELEVANT RISK FACTORS			
Pregnancy		<input type="checkbox"/> No specifics	<input type="checkbox"/> Pb, specify:
Perinatal period		<input type="checkbox"/> No specifics	<input type="checkbox"/> Pb, specify:
HEALTH PROBLEM(S)			
<b>CURRENT SERVICE(S), WHERE? :</b>		Specify which ones	
<input type="checkbox"/> CISSS/CIUSSS:		<input type="checkbox"/> Occupational therapy	<input type="checkbox"/> Speech therapy <input type="checkbox"/> Educational psychology
<input type="checkbox"/> PRIVATE services:		<input type="checkbox"/> Psychology	<input type="checkbox"/> Social services <input type="checkbox"/> Special Ed instructor
<input type="checkbox"/> Other :		<input type="checkbox"/> Other :	
<b>Forward recent available reports including screening analysis report if applicable</b>			
Exclusion criteria for the CIRENE 0-5 assessment clinics			
<ul style="list-style-type: none"> <li>The request does not meet CIRENE's eligibility criteria (see appendix).</li> <li>The child has already been assessed for the problem for which they are referred to CIRENE.</li> <li>There is a developmental assessment team in the child's residential area. Redirect the request to psychosocial services at the CISSS/CIUSSS in the patient's residential sector. <a href="https://sante.gouv.qc.ca/repertoire-ressources/votre-cisss-ciusss/">https://sante.gouv.qc.ca/repertoire-ressources/votre-cisss-ciusss/</a></li> <li>The request for consultation does not meet the mandates of the CIRENE teams which are:                         <ol style="list-style-type: none"> <li>Assessment of children with suspected neurodevelopmental disorders</li> <li>Establishment of a clinical and, if possible, etiological diagnosis</li> <li>Development of an investigation and intervention plan</li> <li>Referral to a rehabilitation or school setting</li> </ol> </li> </ul>			
TO CONTACT CIRENE or to send documents in a confidential manner			
Telephone: (514) 345-7702		Fax: (514) 345-2148	Email: <a href="mailto:cirene.hsj@ssss.gouv.qc.ca">cirene.hsj@ssss.gouv.qc.ca</a>

## REQUEST FOR CONSULTATION 0-5 years old

### ELIGIBILITY CRITERIA FOR CIRENE ASSESSMENT CLINICS

#### ASSESSMENT 0-5 YEARS OLD

##### MOTOR DELAY CLINIC

- Between 0 and 2 years old
- Presents with a predominant significant motor impairment

##### NEURODEVELOPMENTAL DISORDERS CLINIC

- Between 0 and 6 years old minus one day
- Presents with significant difficulties (moderate to severe) in  $\geq 2$  areas of development
- Does not have an equivalent assessment service in their region
- Resides in the CIRENE service territory according to the criteria established by the MSSS

#### ASSESSMENT 6-18 YEARS OLD\*

##### ATTENTION DEFICIT DISORDER WITH OR WITHOUT HYPERACTIVITY CLINIC

- Between 5 and 17 years old
- Attends school (including kindergarten)
- Presents symptoms of complex ADHD according to one of the following criteria:
  - a. Failed pharmaceutical therapies at optimal dosage
  - b. Complex picture:
    - Presence of established comorbidity(ies) (e.g. ASD, anxiety disorder, ODD, ID, etc.)
    - Differential diagnosis difficult to establish
  - c. Physical problem or pathology that may affect pharmacological treatment (e.g. cardiac pathology)

##### TOURETTE SYNDROME (GTS) CLINIC

- Between 6 and 17 years old\*\*
- Has motor AND vocal tics
- Has motor or vocal tics for more than one year
- Has tics with significant functional impact

##### ACADEMIC DIFFICULTIES ASSESSMENT CLINIC (EVSC)

- Between 6 and 12 years old (primary school)
- Received intellectual (psychological) and special education assessments
- Failing at least one major subject (French, Math)

\*The thematic clinic dedicated to developmental coordination disorders has been dissolved.

\*\*If the teenager turns 18 years old at the time of the first appointment, the request will be declined.